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Appendix 1

510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

1. **DEVICE NAME:** Magnetic Resonance Diagnostic Device Accessory

Model Name: MRT-1501/P3,P2

Trade/Proprietary Name: EXCELART™ with Pianissimo XG/AG SPIN Edition

2. ESTABLISHMENT REGISTRATION: 2020563

3. U.S. Agent Name and Address: TOSHIBA AMERICA MEDICAL SYSTEMS, INC.

2441 MICHELLE DRIVE

TUSTIN, CA 92780

Contact Person: Michaela Mahl

(714) 730 - 5000

4. Manufacturing Site: TOSHIBA CORPORATION

MEDICAL SYSTEMS COMPANY

1385 Shimoishigami

Otawara-shi, Tochigi 324-8550, Japan

5. DATE OF SUBMISSION: September 27, 2002

6. DEVICE DESCRIPTION

The EXCELARTTM with Pianissimo XG/AG SPIN Edition system has the following features compared to the current EXCELARTTM with Pianissimo XG/AG system.

- Extension of a receiving system is enabled a maximum of 8 ch.
- Use of QD Torso SPEEDER corresponding to Parallel imaging which can shorten scan time is enabled.
- The computer only for reconstruction was carried for high-speed image processing.
- dB/dt enabled use by 1st operating mode specified in IEC 60601-2-33 by the TrueSSFP sequence.
- Max. field strength is changed 25mT/m to 30mT/m.
- The marginal performance (Min.TR/Min.TE / Min.Slice thickness / Imaging area) of a sequence has been improved.
- The user interface of software was changed for the improvement of operativity.
- Gating unit was redesigned to improve the making triggers for sequence.

Model Number with suffix Trade/Proprietary Name

MRT-1501/P3 EXCELARTTM with Pianissimo XG SPIN Edition
MRT-1501/P2 EXCELARTTM with Pianissimo AG SPIN Edition

6.1. SUMMARY OF MAJOR HARDWARE CHANGES

- A. The computer only for reconstruction was carried for high-speed image processing.
- B. Gating unit was redesigned to improve the making triggers for sequence.
- C: 8ch phased array kit is added in the optional items.
- D. 70mm Circular coil is added in the optional items.
- E. QD torso SPEEDER is added in the optional items.
- F. QD Neurovascular array coil (K001870) is added in the optional items.

6.2. SUMMARY OF MAJOR SOFTWARE CHANGES

- A. Improved user interface.
- B. New RF coils control.
- C. dB/dt limitation control.
- D. True Steady State Free Precession (SSFP) sequence.
- E. Parallel imaging.

7. SAFETY PARAMETERS

	Current EXCELART™ with	New EXCELART™
	Pianissimo XG/AG (No changes	with Pianissimo
	from the previous submission,	XG/AG SPIN Edition
	K002531)	
a. Static field strength:	1.5 T	Same
b. Peak and A-weighted acoustic	95.0 dB(A-weighted)	95.4 dB(A-weighted)
noise:		
c. Operational modes:	Normal operating mode	1 st operating mode for
		dB/dt
i. Safety parameter display:	SAR	SAR, dB/dt
ii. Operating mode access	Not applicable because used	Same
requirements:	only in normal operating mode	
d. Maximum SAR	< 1.5 W/kg	Same
e. Maximum dB/dt	19.3T/sec	46 T/sec
and Gradient coil dimensions:	1050 x 1175 x 51	1050 x 1175 x 50
	(unit: mm)	(unit: mm)
f. Potential emergency conditions	Shut down by Emergency Ramp	Same
and means provided for shutdown:	Down Unit for collision hazard	
	by ferromagnetic objects	
g. Biocompatibility of materials:	Not applicable	Same

8. IMAGING PERFORMANCE PARAMETERS

No changes from the previous submission, K002531.

9. INTENDED USE

No changes from the previous submission, K002531.

10. EQUIVAALENCY INFORMATION

TOSHIBA Corporation Medical Systems Company believes that the new EXCELARTTM with Pianissimo XG/AG SPIN Edition (model MRT-1501/P3, MRT-1501/P2) Magnetic Resonance Imaging (MRI) system is substantially equivalent to the current EXCELARTTM with Pianissimo XG/AG (model MRT-1501/P3, MRT-1501/P2) (K002531) cleared on October 26, 2000 except for new RF coils and dB/dt limitation.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

NOV 5 2002

Toshiba America Medical Systems, Inc. % Mr. Mark Job 510(k) Program Manager TÜV America, Inc. 1775 Old Highway 8 NEW BRIGHTON MN 55112 Re: K023511

Trade/Device Name: EXCELART™ with Pianissimo

XG, AG SPIN Edition

Regulation Number: 21 CFR 892.1000 Regulation Name: Magnetic resonance

diagnostic device

Regulatory Class: II Product Code: 90 LNH Dated: October 17, 2002 Received: October 21, 2002

Dear Mr. Job:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at one of the following numbers, based on the regulation number at the top of this letter:

8xx.1xxx	(301) 594-4591
876.2xxx, 3xxx, 4xxx, 5xxx	(301) 594-4616
884.2xxx, 3xxx, 4xxx, 5xxx, 6xxx	(301) 594-4616
892.2xxx, 3xxx, 4xxx, 5xxx	(301) 594-4654
Other	(301) 594-4692

Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html.

Sincerely yours,

Nancy C. Brogdon

Director, Division of Reproductive, Abdominal, and Radiological Devices

Y kney Chrogdon

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

		Page1 of
510(k) Number (if known): Ko23	511	
Device Name: EXCELART TM with Pianissimo	XG, AG SPI	N Edition
Indications for Use:		
Imaging of:		
TMJ, heart, blood vessels). [Applic Cholangiopancreatography), MR C	ation terms in Cisternography,	is, limbs and extremities, spine, neck, clude MRCP (MR MR Urography, MR Myelography, MR amic Scan, Cine Imaging and Cardiac
• Fluid Visualization {K002531}		
• 2D / 3D Imaging {K002531}		
MR Angiography / MR Vascular Ir	naging {K002	531}
Blood Oxygenation Level Dependent	ent (BOLD) im	aging {K002531}
• Perfusion / Diffusion Imaging {K9	93803, K0025	31}
• Proton Spectroscopy {K010129}		
(PLEASE DO NOT WRITE BELOW TH N	IS LINE - CO (EEDED)	NTINUE ON ANOTHER PAGE IF
Concurrence of CDRH, O	ffice of Device	e Evaluation (ODE)
Prescription Use (Per 21 CFR 801.109)	OR	Over-The-Counter Use
(Division Sign Off) Division in the restrictive, Abdominal,		(Optional Format 1-2-96)
(Per 21 CFR 801.109) (Division Sign Off) Division in dispresentive, Abdominal,	OR-	